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Art Unit

Attorney Docket No

Effective on 12/08/2004

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

FOR FY 2008

(\$)180.00

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF DAYMENT

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control Complete if Known Application Number 10/730,281 December 9, 2003 Filing Date KIM, Gon First Named Inventor **Examiner Name** Rita Ramesh PATEL

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PTO/SB/17 (12-04)

TOTAL AMOUNT OF TAIL		(ψ)100.00		7 atomo, Boo	ACC TO				
METHOD OF PAYMENT (check all that apply)									
■ Check □ Credit Card □ Money Order □ None □ Other (please identify):									
☐ Deposit Account	■ Deposit	■ Deposit Account Number <u>50-0911</u> □ Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
☐ Charge fee(s) indicate	ed below			☐ Charge fee(s) indicated below, except for the filing fee					
■Charge any additional fee(s) or underpayments of fee(s) ■Credit any overpayments									
under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
				SEARCH FEES Small Entity		EXAMINATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u> </u>	Fees Paid (\$)	
Utility	310	155	510	255	210	105	-	<u>-</u>	
Design	200	100	100	50	130	65	-		
Plant	200	100	300	150	160	80	-		
Reissue	300	150	500	250	600	300	-		
Provisional	200	100	0	0	0	0	-		
2. EXCESS CLAIM FEES							Fee (\$)	Small Entity Fee (\$)	
ree Description								25	
Each independent claim over	er 3 or, for l	Reissues, each ind	ependent clai	m more than in t	he original pat	tent	200 360	100 180	
Multiple dependent claims Total Claims E	xtra Claims	s Fee (\$)	Fee Paid (\$)		Multiple Depende				
20 or HP =		_ x	=		Fee (\$)		Fee Paid (\$)		
HP = highest number of total cl			Fee Pa	:d (\$)					
	xtra Claims								
-3 or HP = x = HP = highest number of independent claims paid for, if greater than 3									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid (\$)									
100 = / 50 = (round up to a whole number) x =									
Other: Information Disclosure Statement \$180.00								<u> </u>	
Other:	<u>-</u> -								

SUBMITTED BY	Y ,			
Signature		VI Your Chi	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Mark R. Kresloff	my 43,32p	42,766	Date: February 28, 2008

This collection of information is required by 77 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.